

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
***WYOMING 1999* TABLES**

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

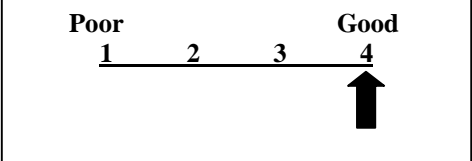
Wyoming Data Comments

Diagnosis Codes: Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.

Dual Eligibility: Wyoming reported approximately one-third of its dually eligible population with unknown Medicaid benefit status; these individuals appear on these tables as having full Medicaid benefits.

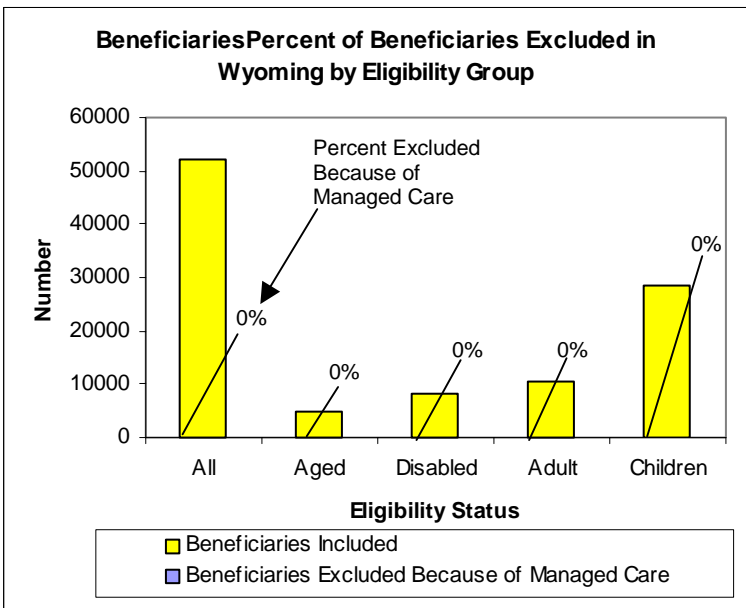
Inpatient Days: Wyoming’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “0” or “1” day in length, and explains the other low numbers that appear for some groups on Table 4.

WYOMING DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Wyoming's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
WYOMING, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	52,177	100%	52,177	100%	\$201,625,935	100%	\$201,543,213	100%
Age								
0-3	10,298	20%	10,298	100%	\$15,692,159	8%	\$15,678,659	100%
4-5	3,611	7%	3,611	100%	\$3,530,663	2%	\$3,530,587	100%
6-12	10,275	20%	10,275	100%	\$11,355,404	6%	\$11,352,868	100%
13-18	5,890	11%	5,890	100%	\$11,236,453	6%	\$11,200,906	100%
19-21	2,406	5%	2,406	100%	\$7,566,871	4%	\$7,561,326	100%
22-44	11,309	22%	11,309	100%	\$57,967,998	29%	\$57,954,634	100%
45-64	3,560	7%	3,560	100%	\$36,238,050	18%	\$36,231,392	100%
65 and older	4,826	9%	4,826	100%	\$58,004,936	29%	\$57,999,440	100%
Gender								
Female	30,908	59%	30,908	100%	\$124,125,487	62%	\$124,096,964	100%
Male	21,258	41%	21,258	100%	\$77,491,705	38%	\$77,437,506	100%
Race								
White	40,690	78%	40,690	100%	\$172,012,320	85%	\$171,932,369	100%
Black	1,107	2%	1,107	100%	\$2,555,196	1%	\$2,553,276	100%
Hispanic	4,999	10%	4,999	100%	\$10,717,083	5%	\$10,716,641	100%
American Indian/Alaskan Native	4,433	9%	4,433	100%	\$11,375,519	6%	\$11,375,110	100%
Asian/Pacific Islander	163	0%	163	100%	\$450,440	0%	\$450,440	100%
Other/Unknown	785	2%	785	100%	\$4,515,377	2%	\$4,515,377	100%
Dual Status								
Aged Duals with Full Medicaid	3,470	7%	3,470	100%	\$56,419,527	28%	\$56,414,868	100%
Disabled Duals with Full Medicaid	2,379	5%	2,379	100%	\$39,475,400	20%	\$39,474,900	100%
Duals with Limited Medicaid	2,078	4%	2,078	100%	\$1,948,872	1%	\$1,948,017	100%
Other Duals	34	0%	34	100%	\$164,500	0%	\$164,500	100%
Disabled Non-Duals	5,040	10%	5,040	100%	\$52,387,456	26%	\$52,378,908	100%
All Other Non-Duals	39,176	75%	39,176	100%	\$51,230,180	25%	\$51,162,020	100%
Eligibility Group								
Aged	4,799	9%	4,799	100%	\$57,868,243	29%	\$57,862,747	100%
Disabled	8,232	16%	8,232	100%	\$92,671,692	46%	\$92,662,626	100%
Adults	10,623	20%	10,623	100%	\$21,384,646	11%	\$21,370,758	100%
Children	28,523	55%	28,523	100%	\$29,701,354	15%	\$29,647,082	100%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
WYOMING, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	52,177	6,414	12%	\$201,543,213	\$48,067,208	24%
Age						
0-3	10,298	106	1%	\$15,678,659	\$324,195	2%
4-5	3,611	250	7%	\$3,530,587	\$633,075	18%
6-12	10,275	1,619	16%	\$11,352,868	\$4,425,996	39%
13-18	5,890	1,131	19%	\$11,200,906	\$4,886,810	44%
19-21	2,406	208	9%	\$7,561,326	\$1,323,903	18%
22-44	11,309	1,926	17%	\$57,954,634	\$16,716,142	29%
45-64	3,560	741	21%	\$36,231,392	\$10,211,842	28%
65 and Older	4,826	433	9%	\$57,999,440	\$9,545,245	16%
Gender						
Female	30,908	3,616	12%	\$124,096,964	\$28,431,322	23%
Male	21,258	2,798	13%	\$77,437,506	\$19,635,886	25%
Race						
White	40,690	5,354	13%	\$171,932,369	\$41,261,748	24%
Black	1,107	127	11%	\$2,553,276	\$606,435	24%
Hispanic	4,999	403	8%	\$10,716,641	\$2,323,317	22%
American Indian/Alaskan Native	4,433	413	9%	\$11,375,110	\$2,793,423	25%
Asian/Pacific Islander	163	16	10%	\$450,440	\$75,435	17%
Other/Unknown	785	101	13%	\$4,515,377	\$1,006,850	22%
Dual Status						
Aged Duals with Full Medicaid	3,470	384	11%	\$56,414,868	\$9,364,622	17%
Disabled Duals with Full Medicaid	2,379	702	30%	\$39,474,900	\$11,674,272	30%
Duals with Limited Medicaid	2,078	178	9%	\$1,948,017	\$387,790	20%
Other Duals	34	8	24%	\$164,500	\$106,766	65%
Disabled Non-Duals	5,040	1,257	25%	\$52,378,908	\$15,191,845	29%
All Other Non-Duals	39,176	3,885	10%	\$51,162,020	\$11,341,913	22%
Eligibility Group						
Aged	4,799	431	9%	\$57,862,747	\$9,504,187	16%
Disabled	8,232	2,092	25%	\$92,662,626	\$27,126,558	29%
Adults	10,623	1,131	11%	\$21,370,758	\$4,152,764	19%
Children	28,523	2,760	10%	\$29,647,082	\$7,283,699	25%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
WYOMING, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	425	7%	43	1%	325	12%	57	13%
Major depression and affective psychoses	1,128	18%	320	10%	726	27%	82	19%
Other psychoses	128	2%	9	0%	45	2%	74	17%
Childhood psychoses	62	1%	56	2%	6	0%	0	0%
Neurotic & other depressive disorders	1,442	22%	393	12%	917	34%	132	30%
Personality disorders	107	2%	13	0%	91	3%	3	1%
Other mental disorders	107	2%	20	1%	68	3%	19	4%
Special symptoms or syndromes	206	3%	97	3%	94	4%	15	3%
Stress & adjustment reactions	1,056	16%	695	21%	316	12%	45	10%
Conduct disorders	362	6%	307	9%	50	2%	5	1%
Emotional disturbances	330	5%	326	10%	4	0%	0	0%
Hyperkinetic syndrome	1,061	17%	1,035	31%	25	1%	1	0%
No Diagnosis								
Total	6,414	100%	3,314	100%	2,667	100%	433	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
WYOMING, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	10	20%	4
	4-5	0	0	0	0	0	0%	0	2	2%	2
	6-12	11	16	15	5	16	3%	16	9	2%	4
	13-18	15	38	43	7	46	9%	19	37	7%	4
	19-21	0	0	5	6	5	3%	6	45	31%	4
	22-44	0	0	62	4	62	4%	4	283	20%	4
	45-64	0	0	23	5	23	4%	5	113	22%	5
	65+	0	0	8	0	8	2%	0	83	26%	1
	All Ages	26	29	156	5	160	4%	9	582	16%	4
Male	0-3	0	0	1	7	1	2%	7	10	18%	2
	4-5	0	0	0	0	0	0%	0	4	3%	8
	6-12	18	20	33	8	35	3%	18	21	2%	2
	13-18	25	35	45	9	51	8%	25	11	2%	5
	19-21	0	0	1	9	1	2%	9	2	3%	21
	22-44	0	0	33	3	33	7%	3	63	13%	7
	45-64	0	0	6	1	6	3%	1	39	18%	6
	65+	1	92	4	0	5	5%	18	36	32%	0
	All Ages	44	30	123	6	132	5%	16	186	7%	5
Total	0-3	0	0	1	7	1	1%	7	20	19%	3
	4-5	0	0	0	0	0	0%	0	6	2%	6
	6-12	29	18	48	7	51	3%	17	30	2%	2
	13-18	40	36	88	8	97	9%	22	48	4%	4
	19-21	0	0	6	7	6	3%	7	47	23%	5
	22-44	0	0	95	3	95	5%	3	346	18%	5
	45-64	0	0	29	4	29	4%	4	152	21%	5
	65+	1	92	12	0	13	3%	7	119	27%	0
	All Ages	70	30	279	5	292	5%	12	768	12%	4

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
WYOMING, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	34	67%	0.00	2.76	2.76	1,845	38%	1.99
	4-5	39	40%	0.00	1.82	1.82	469	28%	1.69
	6-12	201	36%	0.10	1.77	1.88	990	22%	1.60
	13-18	232	47%	0.30	2.04	2.34	631	24%	1.73
	19-21	88	61%	0.24	2.30	2.53	567	30%	1.94
	22-44	780	55%	0.34	3.02	3.35	1,930	28%	2.07
	45-64	258	49%	0.28	2.79	3.07	526	32%	2.25
	65+	107	33%	0.22	2.03	2.25	693	22%	1.73
	All Ages	1,739	48%	0.27	2.58	2.85	7,651	28%	1.91
Male	0-3	38	69%	0.21	2.97	3.18	2,099	40%	2.20
	4-5	57	37%	0.00	1.88	1.88	480	29%	1.74
	6-12	350	33%	0.13	1.68	1.81	916	22%	1.55
	13-18	234	37%	0.29	1.67	1.96	458	21%	1.50
	19-21	26	41%	0.27	2.69	2.96	50	17%	2.00
	22-44	260	52%	0.50	2.54	3.04	579	24%	2.08
	45-64	99	45%	0.29	1.99	2.28	306	26%	2.18
	65+	40	36%	0.28	2.30	2.58	262	22%	1.79
	All Ages	1,104	39%	0.27	2.01	2.28	5,150	28%	1.94
Total	0-3	72	68%	0.11	2.88	2.99	3,945	39%	2.10
	4-5	96	38%	0.00	1.85	1.85	950	28%	1.71
	6-12	551	34%	0.12	1.71	1.84	1,907	22%	1.58
	13-18	466	41%	0.29	1.86	2.15	1,089	23%	1.63
	19-21	114	55%	0.25	2.39	2.63	617	28%	1.94
	22-44	1,040	54%	0.38	2.90	3.28	2,509	27%	2.07
	45-64	357	48%	0.28	2.57	2.85	832	30%	2.22
	65+	147	34%	0.24	2.10	2.34	955	22%	1.75
	All Ages	2,843	44%	0.27	2.36	2.63	12,804	28%	1.92

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
WYOMING, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	321	3%	25	24%	296	3%
4-5	208	6%	95	38%	113	3%
6-12	1,336	13%	971	60%	365	4%
13-18	1,022	17%	724	64%	298	6%
19-21	300	12%	136	65%	164	7%
22-44	2,752	24%	1,410	73%	1,342	14%
45-64	1,432	40%	583	79%	849	30%
65+	1,838	38%	323	75%	1,515	34%
All Ages	9,209	18%	4,267	67%	4,942	11%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
WYOMING, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	43	65%	86%	19%	5%	23%	72%	2%
Major depression and affective psychoses	320	60%	29%	13%	8%	15%	36%	20%
Other psychoses	9	56%	56%	0%	11%	11%	33%	22%
Childhood psychoses	56	32%	25%	13%	2%	21%	32%	39%
Neurotic & other depressive disorders	393	54%	9%	9%	1%	13%	19%	26%
Personality disorders	13	31%	38%	15%	0%	23%	31%	23%
Other mental disorders	20	15%	15%	10%	0%	15%	15%	60%
Special symptoms or syndromes	97	14%	10%	16%	2%	4%	9%	57%
Stress & adjustment reactions	695	19%	4%	5%	0%	11%	8%	49%
Conduct disorders	307	25%	6%	6%	3%	17%	13%	38%
Emotional disturbances	326	26%	6%	4%	1%	21%	13%	40%
Hyperkinetic syndrome	1,035	25%	6%	4%	1%	79%	24%	8%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	3,314	31%	10%	7%	2%	34%	19%	41%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
WYOMING, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	325	45%	80%	31%	11%	0%	59%	3%
Major depression and affective psychoses	726	68%	26%	38%	12%	4%	48%	10%
Other psychoses	45	47%	58%	44%	2%	2%	56%	13%
Childhood psychoses	6	50%	67%	33%	0%	0%	50%	0%
Neurotic & other depressive disorders	917	67%	10%	39%	1%	2%	35%	13%
Personality disorders	91	59%	22%	35%	4%	2%	36%	22%
Other mental disorders	68	43%	25%	31%	3%	1%	29%	22%
Special symptoms or syndromes	94	50%	15%	34%	0%	1%	27%	23%
Stress & adjustment reactions	316	48%	14%	31%	3%	2%	31%	29%
Conduct disorders	50	52%	46%	42%	2%	4%	48%	22%
Emotional disturbances	4	25%	0%	0%	25%	0%	25%	50%
Hyperkinetic syndrome	25	32%	4%	20%	0%	56%	28%	24%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	2,667	60%	26%	36%	6%	3%	41%	25%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
WYOMING, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	57	33%	82%	32%	7%	0%	53%	12%
Major depression and affective psychoses	82	82%	41%	54%	7%	6%	65%	4%
Other psychoses	74	32%	30%	23%	0%	0%	26%	34%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	132	68%	27%	44%	2%	1%	48%	5%
Personality disorders	3	33%	67%	67%	0%	0%	67%	0%
Other mental disorders	19	21%	32%	32%	5%	0%	32%	42%
Special symptoms or syndromes	15	53%	27%	47%	0%	0%	40%	13%
Stress & adjustment reactions	45	58%	20%	29%	0%	0%	36%	24%
Conduct disorders	5	80%	40%	60%	20%	0%	60%	20%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	1	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	433	56%	37%	39%	3%	1%	46%	25%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).